

Laboratory Test: Wet Prep

Standing Order in N.C. Board of Nursing Format

INSTRUCTIONS FOR LOCAL HEALTH DEPARTMENT STAFF ONLY

Use the approved language in this standing order to create a customized standing order exclusively for your agency.

Print the customized standing order on agency letterhead. Review standing order at least annually and obtain Medical Director's signature.

Standing order must include the effective start date and the expiration date.

Assessment

Subjective Findings

The following subjective criteria meet the requirement for an STD ERRN to collect a Wet Prep by standing order:

- Vaginal discharge with or without foul odor
- Dysuria
- Lack of condom use
- Asymptomatic
- Anonymous sex
- Dyspareunia
- New or multiple sex partner(s)
- Reports contact to: Chlamydia (CT), Gonorrhea (GC), Non-Gonococcal Urethritis (NGU), Pelvic Inflammatory Disease (PID), Mucopurulent Cervicitis (MPC), or Trichomonas vaginalis (TV)

Objective Findings

If one or more of these clinical findings are present, the STD ERRN shall collect a Wet Prep by standing order:

1. vaginal discharge
2. endocervical discharge
3. foul odor
4. cervical inflammation, usually manifest as edema or easily induced cervical bleeding upon cervical swabbing
5. petechiae on cervix
6. vaginal or vulva irritation
7. warts or other abnormal growths in vagina or on cervix
8. vaginal exposure within last 60 days
9. verified contact Gonorrhea, Chlamydia, NGU, MPC or Trichomonas

Plan of Care

Implementation

A registered nurse or STD ERRN employed or contracted by the local health department may order a Wet Prep collected by the STD ERRN or other medical provider.

Nursing Actions

A. Specimen Collection by STD ERRN:

To collect a Wet Prep specimen:

1. use two (2) non-bacteriostatic, Dacron® or rayon sterile swabs with plastic or metal shafts. Do not touch the soft tip or lay the swab down. If the soft tip is touched, laid down, or dropped, use a new sterile swab to collect the specimen
2. gently rotate the swab over the lateral wall of the vagina. Avoid contact with the cervix, blood or vaginal pool of secretions
3. with a narrow range (3-6) pH paper, obtain the pH of the vaginal secretions by touching this swab to the pH paper
4. use the second swab to soak up secretions (discharge) from the posterior fornix (vaginal pool)
5. insert discharge-moistened swab into a specimen collection tube containing approximately 1 ml of sterile saline
6. transport tube, following OSHA regulation, directly to lab for microscopic evaluation within 15 minutes

Note: Collect the Wet Prep prior to the vaginal NAAT gonorrhea/chlamydia specimens. When indicated, the Pap test should be the only endocervical test done in a STD Clinic. If obtaining a GC culture, collect the culture prior to the Wet Prep for higher cell yield.

B. Interpretation of Lab Findings

1. positive Findings
 - a. pH greater than 4.5
 - b. fishy odor with or without adding 10% potassium hydroxide (KOH) - Positive whiff test
 - c. White Blood Cells (WBCs) \geq 10 WBC/hpf
 - d. specific or Non-specific pathogens present

2. Trichomonas Vaginalis
 - a. pH greater than 4.5 (usually 5.6 - 6.5)
 - b. may or may not have odor
 - c. > 5 WBC/hpf
 - d. motile flagellated organisms present
3. Candida Vaginosis
 - a. pH is normal (4.5 or less)
 - b. mild to no odor (Negative whiff test)
 - c. WBCs may or may not be present.
 - d. budding forms or pseudo-hyphae yeast present
4. Bacterial Vaginosis
 - a. pH greater than 4.5
 - b. Positive whiff test (with KOH)
 - c. WBCs may or may not be present. If present, could possibly have co-existing Trichomoniasis or cervicitis
 - d. Clue cells may be present
5. Mucopurulent Cervicitis (MPC)
 - a. pH may vary
 - b. mild to no odor
 - c. > 10 WBC/hpf
6. Negative Findings
 - a. pH less than 4.5
 - b. negative whiff test
 - c. < 5 WBCs and vaginal epithelial cells
 - d. no pathogens present

Criteria for Notifying the Medical Provider

1. Contact the medical director or medical provider, if there is any question about whether to carry out any provision of the standing order.
2. Consult with the medical director or medical provider if:

<ol style="list-style-type: none"> a. sustained cervical bleeding after swabbing (pools in speculum or on glove with bi-manual) b. ANY reported bleeding or spotting if the client is pregnant c. cervical motion tenderness (CMT) d. oral temperature $\geq 101^{\circ}$ F e. abdominal or adnexal pain elicited on examination 	<ol style="list-style-type: none"> f. client complains of dysuria g. internal or external lesions present h. lab result(s) do not match objective clinical criteria for treatment and a disease process is suspected by history or physical examination i. client's sexual risk history indicates high-risk behaviors for disease exposure and does not meet the criteria for treatment per standing order
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Follow Up

Treat immediately, if you have a positive laboratory finding per treatment standing orders.

Approved by: _____ Date approved: _____
 Local Health Department Medical Director

Reviewed by: _____ Date reviewed: _____
 Director of Nursing/Nursing Supervisor

Effective Date: _____

Expiration Date: _____

Legal Authority: Nurse Practice Act, N.C. General Statutes 90-171.20(7)(a)(e)(f)&(8)(c)